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FACSIMILE TRANSMISSION

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** PATENT AGENT

Date: 7/10/2006

Pages: 5 (INCLUDING COVER)

To: Examiner SLITERIS, JOSELYNN Y

From: David G. Posz

Company: U.S. Patent Office, Art Unit 3616

Fax No.: 571-273-8300

Subject: Response to Election of Species mailed on May 9, 2006;
U.S. Application Serial No. 10/784,200.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 571-273-8300 on July 10, 2006 to the attention of Examiner SLITERIS of AU 3616.

Typed Name: DAVID G. POSZ

Signature: 

Applicant(s): SHIMIZU

Atty. Dkt.: 15-047

Serial No.: 10/784,200

Group Art Unit: 3616

Filed: February 24, 2004

Examiner: SLITERIS, JOSELYNN Y

Title: PASSENGER PROTECTING SYSTEM FOR
AUTOMOTIVE VEHICLE HAVING
SAFEGUARD DETECTING SYSTEM

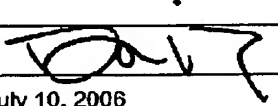
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This Form Based on PTO/SB/21

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/784,200
	Filing Date	February 24, 2004
	First Named Inventor	SHIMIZU
	Group Art Unit	3616
	Examiner Name	SLITERIS, JOSELYNN Y
	Attorney Docket Number	15-047

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 2px;"> Response to Restriction / Election Requirement mailed 5/9/2006 </div>
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Posz Law Group, PLC	
Signature		
Date	July 10, 2006	

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Effective on 12/8/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 10/784,200 Filing Date February 24, 2004 First Named Inventor SHIMIZU Examiner Name SLITERIS, JOSELYNN Y Art Unit 3816 Attorney Docket No. 15-047	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 120			

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	0	x \$50	= \$0			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =	0	x \$200	= \$0			
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

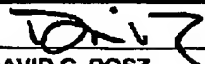
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ _____ (\$ for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =		/ 50 =	(round up to a whole number) x	\$0

4. OTHER FEE(S)

Non-English Specification,	\$130 fee (no small entity discount)	
Other: One Month Extension of Time Fee		\$120

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 37,701	Telephone (703) 707-9110
Name (Print/Type)	DAVID G. POSZ	Date	July 10, 2006

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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